

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039253

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 149

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 149

STATE FILE NUMBER

FILED NOV 8 1962

1. PLACE OF DEATH

a. COUNTY JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JOACHIMLength of stay in 1b
1 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MT. VIEW, N. H.Inside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JEFFERSON

c. CITY OR TOWN HIGH RIDGE

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
4 RIDGE ROADReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
HEDWIG

Middle

Last
KING

4. DATE OF DEATH

Month
OCTOBERDay
25Year
19625. SEX
FEMALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
12/10/879. AGE (last birthday)
74IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY
HOME11. BIRTHPLACE (City and state or country)
GERMANY12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

GUSTACH LASSNIT

13b. MOTHER'S MAIDEN NAME

JULIANA GRAMS

14. NAME OF HUSBAND OR WIFE

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MARY NOLAN

Address

FENTON, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHO PNEUMONIA

INTERVAL BETWEEN
ONSET AND DEATH
6 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

CARDIOVASCULAR DISEASE

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-19-62 to 10-25-62 and last saw her alive on 10-25-62
Death occurred at 12:00 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

CRYSTAL CITY, MISSOURI

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL23b. DATE
10/29/6223c. NAME OF CEMETERY OR CREMATORY
ROCK CREEK CEM.23d. LOCATION (City, town, or county)
ROCK CREEK(State)
MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

FIESER FUN. HOME,

FENTON, MISSOURI

25. DATE RECD. BY LOCAL REG.

10-29-62

26. REGISTRAR'S SIGNATURE

NOV 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Daniel J. Maher*

Licensed Embalmer No. *4326*

P. O. Address *1110 1st St NW*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.